

Public Document Pack

Date of meeting Wednesday, 19th June, 2019
Time 7.00 pm
Venue Astley Room - Castle House
Contact Jayne Briscoe 742250



**NEWCASTLE
UNDER LYME**
BOROUGH COUNCIL

Castle House
Barracks Road
Newcastle-under-Lyme
Staffordshire
ST5 1BL

Health, Wellbeing & Partnerships Scrutiny Committee

AGENDA

PART 1 – OPEN AGENDA

1 APOLOGIES

2 DECLARATIONS OF INTEREST

**3 PRESENTATION BY THE CCG - TOWARDS BECOMING A
SINGLE STRATEGIC COMMISSIONING ORGANISATION**

Proposals to create one strategic commissioning organisation across Staffordshire and Stoke on Trent are being put to the public. The CCGs are inviting views on a proposal to work as a single organisation to commission health and care services for the County.

4 MINUTES OF LAST MEETING - 4 MARCH 2019 (Pages 3 - 6)

To consider the minutes of the last meeting of the Committee held on 4 March, 2019.

5 UPDATE FROM CABINET (Pages 7 - 8)

This item provides an opportunity for the Portfolio Holder to update members of the Scrutiny Committee on the response of the Cabinet to the suggestions made by the Committee at their last meeting.

**6 MINUTES OF THE HEALTHY STAFFORDSHIRE SELECT
COMMITTEE - 19 MARCH 2019 (Pages 9 - 16)**

To receive feedback from members of this committee who attended the meetings of the Healthy Staffordshire Select Committee

**7 STAFFORDSHIRE POLICE, FIRE AND CRIME PANEL - 29
APRIL 2019 (Pages 17 - 20)**

This item is presented for members information.

8 SAFEGUARDING UPDATE JUNE 2019 (Pages 21 - 26)

9 WORK PROGRAMME (Pages 27 - 32)

10 PUBLIC QUESTION TIME

Any member of the public wishing to submit a question must serve two clear days' notice, in writing, of any such question to the Borough Council.

11 URGENT BUSINESS

12 DATE OF NEXT MEETING - 9 SEPTEMBER 2019

Members: Councillors S. Burgess, Miss J Cooper (Vice-Chair), J. Cooper, A. Gardner, T. Kearon, H. Maxfield, S. Moffat, P. Northcott, K.Owen, B. Panter, I. Wilkes (Chair) and R. Wright

Members of the Council: If you identify any personal training/development requirements from any of the items included in this agenda or through issues raised during the meeting, please bring them to the attention of the Democratic Services Officer at the close of the meeting.

Meeting Quorums :- 16+= 5 Members; 10-15=4 Members; 5-9=3 Members; 5 or less = 2 Members.

Officers will be in attendance prior to the meeting for informal discussions on agenda items.

NOTE: THERE ARE NO FIRE DRILLS PLANNED FOR THIS EVENING SO IF THE FIRE ALARM DOES SOUND, PLEASE LEAVE THE BUILDING IMMEDIATELY THROUGH THE FIRE EXIT DOORS.

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Classification: NULBC **UNCLASSIFIED**

Health, Wellbeing & Partnerships Scrutiny Committee - 04/03/19

HEALTH, WELLBEING & PARTNERSHIPS SCRUTINY COMMITTEE

Monday, 4th March, 2019
Time of Commencement: 6.30 pm

Present:- Councillor Ian Wilkes – Chair

Councillors:

J. Cooper

A. Gardner

D. Harrison

E. Horsfall

T. Kearon

H. Maxfield

B. Panter

R. Wright

Officers

Jayne Briscoe - Democratic Services
Officer, Rob Foster - Head of Leisure and
Cultural Services and Partnerships
Manager - Sarah Moore

Also in attendance:- Councillor M Holland
(Cabinet member for Leisure and
Culture) and Councillor J Waring
(Cabinet member for Community Safety
and Wellbeing) (Councillor P Northcott –
Cabinet member for Planning and
Growth) together with Councillors G and
J Williams and Councillor Mrs J Cooper

1. **APOLOGIES**

Apologies were received from Councillors Julie Cooper, Heesom, Jones and Parker.

2. **DECLARATIONS OF INTEREST**

There were no declarations of interest.

3. **MINUTES OF LAST MEETING - 3 DECEMBER 2018**

Resolved: That the minutes of the last meeting held on 3 December 2018 be agreed as a correct record.

4. **HEALTHY STAFFORDSHIRE SELECT COMMITTEE - 4 FEBRUARY (FOR INFORMATION)**

Agreed: That the minutes of the meeting held on 3 December 2019 be agreed as a correct record.

5. **PRESENTATION - MONKEY DUST**

Sergeant McGrath provided an update to councillors on Monkey Dust, which is a Class B drug and a chemically produced cathinone. It is usually sold as a white / off-white crystalline powder. There is currently no capability to test for Monkey Dust within Staffordshire Police and therefore it has to be sent to a laboratory for testing. There is no Home Office approved kit to test in custody.

Monkey Dust is cheap to buy and has strong effects in small doses. Effects include delusions and hallucinations which have been known to lead to risk taking behaviour, agitation, elevated heart rates, paranoia, combative behaviour and a compulsion to redose.

The first seizure in Staffordshire was in August 2016 and there has been high profile media reporting on users and perceived availability of the drug. The incidence of drug related police call outs had decreased significantly since Christmas 2018 following actions abroad to close down the supply chain and work with partners locally to identify suppliers and users, which led to police operations and enforcement action resulting in a number of arrests and seizures from properties where Monkey Dust had been found.

There have been no formal reports of the drug being used within schools and the community led Time to Change initiative has assisted in informing the community how to report suspected involvement in drugs and in disseminating information.

The Police and Crime Commissioner has written to the Home Office to request reclassification of Monkey Dust to a Category A drug and it is hoped that this will also influence them to invest in the provision, and supply, of a testing kit for use by all police forces.

Fergus Lees from One Recovery, the service commissioned to deliver substance misuse support in Staffordshire, informed councillors how the drug was considered to be addictive and whilst it had been described as prevalent locally, there had been very few referrals to the service. There have also been no referrals to Staffordshire T3's young person service to provide support around the use of Monkey Dust.

Members commented on the strength of successful outcomes from the Partnership working in the borough.

Sergeant McGrath added the police welcomed the opportunity to attend the meeting to present factual information and dispel myths regarding use and availability of the drug locally.

Agreed: That the Cabinet Member be requested to write to the Minister at the Home Office responsible for drug classification to ask that Monkey Dust be classified at Category A, a copy of the letter to be sent to the Staffordshire Commissioner for Police Fire and Crime.

6. **CONSULTATION ON FUTURE OF LOCAL HEALTH SERVICES**

Representatives from the North Staffordshire Clinical Commissioning Group and Stoke on Trent Clinical Commissioning Group presented to members on proposals to deliver services differently and transform health and social care within Northern Staffordshire. The consultation focussed on community based services in Newcastle under Lyme, Stoke on Trent and Staffordshire Moorlands.

Members were concerned that the preferred Option 6 had the appearance of being the most cost effective due to none of its costs being highlighted and there being no investment and expenditure costs recorded. However, from the information contained within the other documents provided costs for this option amounted to

£4.3m per year by 2022/2023 for care home costs. Given this, Option 5 would actually be the most cost effective in the long term based on the presentation and all the supporting documents provided along with the presentation with an investment cost of £1.5 m. The slide presentation was therefore considered to be incorrect and misleading.

Members also raised concern at the ability to make sure those patients who received their day to day care in the care homes (as set out in Option 6) were given the same level of care expected and set by the NHS. Whilst the CCG Group could commission staff to check on a monthly basis the standards of care being provided it would be more difficult to ensure this standard was upheld on a day to day basis as compared to it being provided in hospital, reasoning that the majority of staff that would be responsible for the care of these patients in the home were not trained by the NHS nor under their continuous supervision. Also a comparison of the amount of training that goes into the individual providing most of the day to day care in care homes compared to a hospital is hugely more intensive for hospital staff and in line with the standards set by the NHS.

Members concluded that it seemed illogical for the CCG to choose Option 6 as the most suitable option as not only does Option 5 it appear to be the most cost effective method but also because it is the most suitable approach to ensure that the standard of NHS care is upheld.

Agreed: That the consultation be noted.

7. **FEEDBACK FROM THE ACTIVE LIVES SURVEY**

In accordance with a request from members the Executive Director – Operations outlined the results of the Active Lives Children’s Survey undertaken by Sport England. According to the survey the amount of physical activity and sports that young people do within the Borough schools is similar and at times better than the national average. Schools appear to be assisting young people to get more involved with sports and physical activity to a level which is very close to the national average and sometimes better for both indoor and outdoor activities.

However, Borough engagement outside of school in outdoor sports is lower than the national average.

In addition it was reported the early year’s district profile identified specific obesity levels across the Borough with a possible link to the deprivation index.

Members felt that the Walk to School initiative should be expanded with help and assistance from the resources used for the Walking Bus within the County Council

To build on the work of the Borough Council and partners and to help inform ongoing work to engage would be participants in a compelling way that can enact behaviour change, support has been offered from the County Sports Partnership (SASSOT). The work would involve various partner organisations as having a shared responsibility.

Agreed: That the Cabinet be requested to look at the link between obesity and deprivation by ward and, together with partner organisations co-ordinate the

development of a Borough wide strategy to improve take up of out of school sport and physical activity opportunities by young people.

8. WORK PROGRAMME

The Scrutiny Officer noted that a report on safeguarding and a review of the work programme were due to be considered by members at the June meeting.

Councillor Gardner asked that a representative from Keele University student support service be invited to attend this meeting to explore how to work together and join up services within the Borough.

9. PUBLIC QUESTION TIME

There were no questions.

10. URGENT BUSINESS

The Chair introduced Johnny Dee Sparkes, a student from Keele University who was on placement with the authority until May and had completed an analysis of the Active Lives Survey.

11. DATE OF NEXT MEETING - 19 JUNE 2019

19 June 2019.

COUNCILLOR IAN WILKES
Chair

Meeting concluded at 8.55 pm

UPDATE FROM CABINET TO HEALTH, WELLBEING & PARTNERSHIPS SCRUTINY COMMITTEE 19TH JUNE 2019

Submitted by: Cabinet

Portfolio: All

Wards affected: All

Purpose of the Report

To provide a response to the Scrutiny Committee on items previously raised by Committee Members at the last meeting on 4th March 2019.

Recommendation

That the responses from Cabinet be received and noted.

1. **Presentation – Monkey Dust**

- 1.1 That the Cabinet Member responsible writes to the Minister at the Home Office, responsible for drug classification, to ask that Monkey Dust be classified as Category A, and that a copy be sent to the Staffordshire Commissioner for Police, Fire and Crime.

Response from Cabinet:

The Portfolio Holder for Community Safety and Wellbeing has submitted a letter to the Home Office, seeking consideration of reclassification of Monkey Dust. Currently the Cabinet Member is still awaiting a response from the Home Office.

2. **Feedback from the Active Lives Survey**

- 2.1 That Cabinet be requested to look at the link between obesity and deprivation by Ward and, together with partner organisations, be recommended to co-ordinate the development of a Borough-wide strategy to improve take up of school sport and physical activity opportunities by young people.

Response from Cabinet:

The Active Lives Children’s Survey gives anyone working with children aged 5-16 key insight to help understand children’s attitudes and behaviours around sport and activity.

School children across England were asked to take part in this new survey, which sits at the heart of Sport England’s vision that everyone in England, regardless of their age, background and level of ability, should feel able to take part in sport and activity.

While not all schools were asked to take part in the survey this academic year, it is understood that schools will be asked to take part every three or four years. For the youngest pupils in Years 1 and 2, parents were also

asked to fill out a questionnaire to give further information about their child's physical activity behaviours. Some schools are, therefore, asked to let parents know about this.

Whilst the survey is designed to be as easy for schools to administer as possible as it can be done at any point in the relevant term, depending on what works best for the school involved. The Council will be working with Sport Across Staffordshire and Stoke on Trent and the Staffordshire Leisure and Cultural Officers Forum to ensure schools in the County are provided with everything they need, including templates for letters to parents, information sheets for teachers and pupils, and technical guidance.

It is felt that this approach will support obtaining a truer picture of the take up of sport and physical opportunities for children in the County and its districts and boroughs on which policy and strategy will be developed.

Minutes of the Healthy Staffordshire Select Committee Meeting held on 19 March 2019

Present: Johnny McMahon (Chairman)

Attendance

Charlotte Atkins	Paul Northcott (Vice-Chairman)
Deb Baker	Jeremy Oates
Ann Edgeller	Jeremy Pert
Phil Hewitt	Bernard Peters
Barbara Hughes	Carolyn Trowbridge
Janet Johnson	Ian Wilkes
Dave Jones	

Apologies: Jessica Cooper, Janet Eagland, Alan Johnson and Victoria Wilson

PART ONE

60. Declarations of Interest

1. The Chairman, Councillor J McMahon declared an interest in Item 6 'Progress report on Palliative and End of Life Care' as he was the Clinical Advisor for the programme. He did not Chair this part of the meeting.
2. The Chairman, Councillor J McMahon declared an interest in Item 7 'Excluded and Restricted Procedures (including hearing aids)' as he was a hearing aid service user. He did not Chair this part of the meeting.
3. Councillor Dave Jones declared an interest in item 7 'Excluded and Restricted Procedure (including hearing aids)' as his daughter was a hearing aid service user.
4. Councillor Charlotte Atkins declared an interest in item 9 'Work Programme' as she is the Vice Chairman of the British Fluoridation Society.

61. Minutes of the last meeting held on 4 February 2019

RESOLVED: That the Minutes of the Meeting held on 4 February 2019 be received as a correct record and signed by the Chairman.

62. Proposal for the Provision of an Integrated stroke service at University Hospitals of Derby and Burton

Nicola Harkness, Managing Director for South East Division (Staffs Clinical Commissioning Groups) (CCG), Dr Magnus Harrison, Executive Medical Director, Dr

James Scott, Senior Stroke Physician, Neil Radford, Divisional Director, Medicine, and James Hender, Director of Integration attended the meeting to present the paper and answer any questions.

The Select Committee had been requested to consider the proposal to integrate stroke pathway at the University Hospitals of Burton and Derby (UHBD).

The proposal was for the hyper acute stroke medicine (first 72 hours) to be delivered via a centralised service in Derby, and a single referral point for Transient Ischemic Attack (TIA). Patients would be transferred back to Burton for acute care, rehabilitation and discharge closer to home.

The case for change was explained in the report and was in line with national direction and best practice.

Prior to members asking questions, Healthwatch were asked if they had any information on the service at Burton or Derby Hospitals which would help the Committee in their deliberations. They responded that they had been involved in this development pathway when the two hospitals were merging. The main concern from the public had been travel times from areas such as Lichfield.

A Member asked how patients would be moved between the two sites. In response, the Committee was informed that patients would only be transferred if they were fit to be moved and if it was safe and appropriate to do so. A robust co-ordination process had to be involved. The Trust was working with the Ambulance services to negotiate a different contract to enable Paramedics to take the patient to the most appropriate hospital and not necessarily the closest. It was explained that patients local to Burton would be transferred back as soon as they were able to be, which would normally be within 72 working days.

Following a question on who makes the decision on which hospital a patient is taken to, Members were informed that the Ambulance services normally take patients to the closest hospital that can meet their needs and ensure the quickest turnaround time for the vehicle. Negotiations had to take place to enable that to change. It was explained to patients that they may be traveling further away from home, but it is for more specialist care and would only be for a short time until the patient was able to transfer back to their local hospital for clinical need.

It was informed that during the hospital merger consultation and pre-engagement events, the proposal to change service delivery had been discussed.

A Member asked if the drugs prescribed whilst under a consultant at Derby Hospital could be refused when the patient is moved back to Staffordshire if the Staffordshire CCG do not fund them. It was confirmed that this only happened in a very small number of cases, but not generally within the stroke service where medication was fairly standard. Reassurance was requested that there was sufficient capacity at Derby to accommodate all those needing treatment. It was explained that the number of beds required had been estimated following detailed modelling and research into the type of Strokes and the level of provision needed. There had been a capital programme

planned for the additional beds and this could be expanded in the future if needed. Currently only 11 extra beds were required.

The post code SK17 seemed to be the worst affected area with journeys taking up to 56 minutes. Again, the Committee was informed that the Ambulance service took patients to the closest Hospital unless a different pathway had been agreed either between the services generally or for that particular patient. The Committee was reminded that if the West Midlands and East Midlands Ambulance Trusts reconfigured their services, patient destinations may change anyway. The main aim was to get people to the right place to treat their needs. It was noted that the proposed merger was not having any impact on the Hospitals or patients.

A question was asked on the number of patients currently seen at both Derby and Burton Hospitals. It was noted that Burton saw approximately 500 patients, with Derby seeing close to 1,000. The recommended patient level was between 1,000 and 1,600.

A question was asked on TIA and were would patients be referred to as it was normally Burton during the week and Derby at the weekend. It was explained that there was a single point of contact, so this should not concern the patient as they would be referred to the best place for their needs. The TIA may be one of the services that needed more evolution as provision on both sites was provided. From a practice point of view the symptoms for a TIA and a stroke or so similar that the patient would probably end up at Derby anyway. From the 1st October 2019, it was hoped that the Vascular service would also be located at the Derby site which would further streamline the service and ensure efficiencies.

The Chairman felt that what the Committee had heard makes clinical sense and is the national direction of travel. It was felt that there was something counter intuitive of not offering a Catheterization laboratory for those with heart disease in Burton and Officers were asked to consider this.

The consultation process was discussed, and the Committees view sought on either a full 12-week consultation or a shorter 8-week consultation. It was felt that an 8-week consultation, concentrating on travel times in particular would be appropriate. It was also suggested that the language barrier in some areas must be considered and the possible use of bilingual hospital staff to help with the communication barrier.

RESOLVED:

- a) That the Committee support the integration of stroke services at University Hospitals of Derby and Burton (UHBD) as set out in the report.
- b) That the UHBD be informed that the Healthy Staffordshire Select Committee suggests an 8-week public consultation period for this service change and that they concentrate on travel times and distance travelled by some patients and relatives.

63. Cancer Services and the STP Cancer Transformation Plan 2019/20

The Chairman had declared an interest in this item and vacated the chair. The Vice Chairman took the Chair for this item.

Becky Scullion, Deputy Director of Commissioning and Operations, Staffordshire and Stoke-on-Trent CCGs and Gina Gill, Commissioning Officer North Staffordshire CCG attended the meeting to present the report and answer questions.

At a previous meeting of the Select Committee, Members asked for information on the Sustainability and Transformation Partnership (STP) Cancer transformation plan and how this would improve the cancer service. Both the Cancer and End of Life service programmes came to an end in 2017 when no bidder was able to meet the minimum criteria set by the programme. Following this the CCGs agreed an ambitious plan to improve cancer services and this was now part of the STP planned care work stream.

The report outlined the key priorities and summarised current performance and ways to improve. During the presentation it was explained that there were three key areas to the Cancer Transformation Plan and these were: 1) detection, 2) referral to treatment and 3) diagnosis. The screening programmes were nationally drive and aimed at increasing take-up. This included national advertising campaigns and information awareness adverts. Locally, Staffordshire residents had been reluctant to go to the GP with concerns, even if they spot the signs or changes in their bodies. Targets are set nationally and included a 62-day period from the GP visit through to identification, specialist consultation (no longer than 2 weeks), referral for treatment (31-day pathway), and intervention (62-day period). It was reported that the targets were being achieved generally with the exception of the 62-day intervention target. A number of areas were being looked at in order to increase performance in this particular pathway and this included all tests being done on one day and the recruitment of more specialist staff. There has been some success with this.

There was a question on the recruitment of specialists such as oncologists and radiologists, and what was being done to support the Trusts, also who a patient could expect to see when they are referred, would it be a registrar or a consultant. In response, it was confirmed that there were staffing shortages in some areas both locally and nationally and the aim was to promote Staffordshire as a desirable place to both work and live. With regard to seeing a consultant or registrar it was felt that this was a clinical decision based on who was available and who managed the clinic. Consultants would normally be involved in the more complex cases.

There was a debate on getting appointments with a GP which caused frustration and delays, with patients putting off visits. The workstream around Primary care was briefly discussed and the use of practise by other professionals such as special nurses which may reduce the pressure on GPs.

The cancer target fluctuated across Staffordshire from 68 days to 72 days. The Committee was informed that a more in-depth analysis was available if required.

A Member asked what the National target of diagnosis was for stage 1 and 2 cancers. Could this be forwarded to the Committee and does this relate to areas where gaining appointments at GPs was challenging.

Most of the specialist services are provided by NHS England. The targets for picking up referrals were 3% currently 5% and 5 years ago 10%. Members felt that this must have involved a massive increase in diagnostic capacity in order to deliver this. What is the

relationship with NHS England in terms of funding to deliver. In response, the Committee was informed that the relationship was very positive. The West Midlands Alliance had already given funding for improving diagnostics. There had been a 30% increase in demand. The CCG were continually putting in bids for additional funding.

With regard to screening, a Member asked if screening was provided locally as in some remote areas travelling to regional sites was difficult. It was explained that there were different methods of testing being developed such as home testing kits which could increase take up rates. Schools and Social Media were also being used to promote awareness. It was suggested that school governors could be used to promote within schools. The over 70's were no longer invited for testing but if requested they were available. This was in line with national guidance and was based on genetic risk. The Scrutiny and Support Manager reminded the Committee that information on the Breast screening service had been requested and would be reported as soon as it arrived.

A Member suggested that there wasn't enough information in some of the tables in the report to properly analyse what was happening. For example, there was no assessment of the data used to identify the reasons why people don't attend screening appointments. In response, it was confirmed that more information could be provided to the committee but no single activity or initiative would solve the problems, a wide range of activities were needed and regular evaluation. Patient experience and complaints also needed to be factored into the evaluation process.

A Member of the Committee shared their recent experience of the new system which was designed to streamline the diagnosis and provide tests and results on the same day. In their experience this had not been the case and they had to wait up to four weeks for results, therefore missing the 62-day target. The Committee were concerned that this was an example of where the system can fail with potentially serious consequences. It was felt that the one stop shop was a good idea, but it need everyone to work together for it to be successful. The Councillor was asked to contact officers with more information so that the experience could be tracked back to discover the reason for failure.

RESOLVED: that the following information be provided to the committee:

- a) The performance on cancer targets for all regions in Staffordshire including the in-depth analysis.
- b) The National target figures for diagnosis for stage 1 and 2 cancers. This should include information on areas where gaining appointments at GPs was challenging if possible.
- c) National and local target figures for different types of cancers, both diagnosis and treatment.

64. Progress update on Palliative and End of Life Care

The Chairman declared an interest in this item and vacated the chair. The Vice Chairman took the Chair for this item.

The Staffordshire and Stoke on Trent End of Life procurement of services ceased in June 2017. Following this a Programme Board was established to take forward the

palliative and End of Life priorities. National guidance was used to develop the work stream alongside the West Midlands Clinical Senate blueprint.

The main areas of work undertaken were:

- Palliative Care registers
- Electronic Palliative Care Co-ordination systems
- Admission avoidance
- Care homes
- Children and young people
- Voluntary sector engagement

A Care Quality Commission (CQC) review recently stated that partnerships needed to improve and highlighted a number of actions to be developed.

Officers explained that the main issues surrounded:

1. Higher than average admissions into the service. There was work underway with care homes so that hospitals were not a default when patients reach the end of their lives. There was a pilot scheme with GP's supporting at St Giles and Catharine House.
2. There were gaps in some services e.g. district nurses and the need to support palliative care. There needs to be a consistent offer e.g. the same focus, systems that talk to each other, and supporting people to die when and where they want to.

A Member asked a question on how quickly a person could go home with all the right equipment and support e.g. bed, equipment etc. In response, it was explained that the Integrated Care teams would address these issues and be able to support people not to be readmitted into hospital. There were gaps in the services but with better communication a wraparound service was achievable. The Integrated Care Teams would be in place, in localities within the next 12 months.

A question was asked on the integration of patient records and how the systems linked together. It was explained that procurement was in process and systems will be able to talk to each other.

Healthwatch informed the Committee that from the information they had on End of Life care there were two trends that continually came up with patients and these were:

- Equipment - lack of it, not in time, inappropriate etc; and
- The quality of care and training of care staff to deliver services at the end of a patient's life.

Member asked what was being done to identify where the system was failing and how this could be improved. In response, it was admitted that there had been a lack of co-ordination across the professions and paper-based systems did not enable integration. Care homes were also being supported to train their staff.

Following on from this response the Member asked if there was a way of identifying staff who consistently ignore patient wishes and don't follow the system or patient's wishes. It was acknowledged that this may be an area that needed further work.

RESOLVED: That the report be accepted.

65. Excluded and Restricted Procedures (including Hearing Aids)

The Chairman and Councillor Jones declared non-pecuniary interests in this item but remained in the meeting and took part in the debate.

The report explained that the CCGs need to priorities resources and align commissioned services across the six Staffordshire and Stoke on Trent CCGs. These services included:

- Assisted conception
- Hearing aids for non-complex hearing loss
- Male and Female sterilisation
- Breast Augmentation and reconstruction
- Removal of excess skin following significant weight loss.

The CCG proposed a formal consultation for these areas and this would start in August/September 2019 for 12-week period.

The Select Committee had requested the report on hearing aids and the service provision in the North of the County. It was established that nothing would happen to any of the services until the consultation had taken place and a formal decision had been made.

The Committee felt that it would have been useful for the report to have contained information on which areas received what services so that they could establish the extent of the realignment, the cost and the numbers of patients involved. The Members were informed that this information would be produced as part of the consultation process.

A Member asked if this was all the services that needed to be realigned or if there were more due to come forward. In response, officers explained that the policies had been written to reflect local need and that the CCG was now trying to bring everything together and in line with NICE guidance. Services would continually change and as this happened the CCG's would need to look at the realignment across all areas.

The Committee felt that hearing aids should not be on the list as they were integral to keeping people healthy and were not an 'excluded or restricted procedure'.

RESOLVED:

- a) That the public consultation on the excluded and restricted procedures should be for a 12-week period.
- b) That the CCG Accountable Officer be informed that the Select Committee do not believe that Hearing Aids should be on this list of consultation items as they were not an 'excluded or restricted procedure' but are as essential part of keeping people healthy.

66. District and Borough Health Scrutiny Activity

The Scrutiny and Support Manager presented the report which outlined the activity the Borough and District Councils since the last meeting.

It was reported the at the last meeting of East Staffordshire District Council Health Committee they had looked at the impact of plastic waste.

The next meeting of the Lichfield District Council Health Committee was to be held on 25 March and would be looking at the 12-week referral rate between Community Hospitals.

Newcastle Borough Council had recently completed a report into Monkey Dust. This had been written with the help of Keele University. A copy of the report would be sent to all members for information.

South Staffordshire District Council reported that the Breast Screen facility was now back and operational.

Tamworth Borough Council reported that they had recently received a letter from George Bryan Centre outlining the temporary closure.

RESOLVED:

- a) That the report be received
- b) That a copy of the report completed by Newcastle Borough Council into Monkey Dust be sent to all Members of the Committee for information.

67. Healthy Staffordshire Select Committee Work Programme 2018/19

Councillor Atkins declared an interest in this item as she was the Vice Chairman of the British Fluoridation Society

The Scrutiny and Support Manager presented the Committee Work Programme report. The next meeting of the Committee was scheduled for 10th June 2019 where the STP workstream on Child care and Maternity services would be considered. The Chief Officer of the University Hospital North Midlands would also be invited to attend to discuss the Quality and Improvement programme, Cancer targets and Financial deficit.

At the meeting on the 12 August NEXXUS would be discussed and the provision of services and quality of care provided.

A Member asked if the new STP workstreams would be added to the work programme which included Dentistry. The Chairman agreed to discuss this with the CCG.

RESOLVED: That the Work Programme be approved.

Chairman

Staffordshire Police, Fire and Crime Panel

Report of the Chairman of the Police, Fire and Crime Panel

To Member Local Authorities

In accordance with agreed practice I am reporting on matters dealt with at a number of meetings held by the Panel on Monday 29 April 2019:

1 Confirmation Hearing for the post of Chief Finance Officer (Section 151 Officer) for the Fire and Rescue Service/Authority and the Staffordshire Commissioner's Office.

Since governance responsibility for the Staffordshire Fire and Rescue Service transferred to the Staffordshire Police, Fire and Crime Commissioner he has overseen three posts with Section 151 responsibilities (one for the FRS/Authority, one for the Chief Constable and one for the Commissioners own office). His business case for the transfer of the FRS to him included proposals to streamline that structure. Accordingly, he has approved a new structure with 2 Section 151 Officers – one from the Chief Constable and one with a combined remit covering the FRS/Authority and Commissioner's Office.

Prior to confirming an appointment to the latter post, the Commissioner was required to attend a Confirmation Hearing by the Panel, at which he explains his reasons for the choice of candidate and the Panel is required to decide whether or not to support the proposed appointment.

The Confirmation Hearing considered the proposed appointment of Mr David Greensmith to the combined Section 151 Officer post. Mr Greensmith already serves as the Fire and Rescue Service/Authority Section 151 Officer and demonstrated a wealth of experience in public and private sector financial management, including overseeing business transformation and managing budget reductions.

The Panel were unanimous in their support for the proposed appointment and their confidence in Mr Greensmith's ability to fulfil the role. In submitting their formal view to the Commissioner the Panel decided to refer to the reallocation of some of Mr Greensmith's previous responsibilities to provide him with the capacity to undertake the Commissioner's element of the new post. The Commissioner will be asked to report in 6 months' time on the progress of those arrangements.

2 Informal Workshop re Policing Numbers

In January each year the Panel is required to consider the Commissioner's proposed Precept and has a right of veto if it considers it to be too high or too low.

For the 2018/19 Precept the Panel supported the Commissioner's wish to take advantage of provision for additional charges as part of the resulting increase in

income was earmarked for the recruitment of 69 additional officers (that number to be phased in over the 2018/19 and 2019/20 periods). In considering the 2019/20 Precept proposals, the Panel were unclear on the actual numbers of officers on the Police Establishment and the additional number to be recruited. A Workshop was therefore held to look at Policing numbers in detail.

The lead presenter was Deputy CC Nick Baker who explained the changing demands on policing, at a local and national level, and the differing skills now required of personnel, particularly in relation to more complex crime such as cyber crime. He reported on the changing profile of the Force Establishment explaining that increases in numbers of warranted officers per se did not necessarily give maximum return/effect from additional expenditure. Many non-warranted staff were performing 'policing' functions such as Forensic investigations and elements of CID investigations. That said DCC Baker acknowledged the public's wish for visible policing and referred to the Chief Constables new Operating Model which aimed to increase visibility and public confidence. The Commissioner's commitment to investment in neighbourhood teams was a key consideration in that new Operating Model.

Details were given of the Force Establishment overall and the anticipated numbers of retirements, leavers, transferees and recruits. Aside from the additional posts agreed as part of Precept proposals, the 'natural' cause of changes to workforce numbers necessitated an ongoing recruitment programme.

Assurances were given that recruitment of the additional 69 officers was underway. In addition, following further Precept increases for 2019/20 further monies had been allocated for 19 more Officers. The recruitment and training programmes for all of the new posts were outlined in order to explain the lead in period for their operational effectiveness.

Panel members queried the overall Establishment total quoted by the Force as it differed from that recorded by the Home Office. The Commissioner agreed to clarify and report back on the base figure and the effect on that figure of the re design of the Force profile which had taken place as part of the Chief Constable's wider Change Programme.

3 Quarterly Meeting

The main items considered were:

- The Commissioner's approval to Capital funding of £17.179m for Phase 2 of the Niche (Records Management System) . This is part of the IT Transformation Programme being overseen/delivered by Boeing to improve the capability and capacity of the Force systems. This project will replace 12 separate records management systems in use by the Force and will enable information sharing with other Forces utilising the Niche system.

- Custody Detention Services – The Commissioner’s decision to bring Custody Services back in house in order to give more flexibility in service delivery and better value for money. Responding to a request fro his views on outsourcing services, the Commissioner considered that for each service area a decision on in-house or outsourced provision had to be made on individual merit.
- Safer, Fairer, United Communities Strategy: The Commissioner particularly highlighted the work of the Victims Gateway which had given support, increasingly of a complex nature, in response to 50,000+ incidents; the success of the SPACE Scheme and his hopes to engage 30,000 young people in this year’s projects.
- Modern Policing –The Police and the Fire and Rescue Estate was being reviewed in view of the condition of some buildings and the reducing level of demand for face to face contact with Police personnel. Proposals were being drawn up to share facilities were appropriate with discussions underway with the PFI provider of Community Fire Stations on the possible expansion of the use of those facility
- Safer Neighbourhood Panels – following a review of the organisation and effectiveness of the Panels, the Commissioner proposed to transfer responsibility for them to his Office and to appoint a Panel Co-ordinator to lead on their organisation and management.
- Fire and Rescue Services – An interim one-year Fire and Rescue Plan was being drawn up and would be reported to the next Panel meeting. A full 4 year Plan will subsequently be developed for the period 2020-2024 which will align with the next elections for a Commissioner.
- Enabling Services – a review was underway of the enabling services for the Fire and Rescue and Policing services to identify common functions and proposals are being drawn up to create a single service. The finance functions are expected to become one service around late 2019/20.
- Sprinklers in residential buildings with five or more storeys – the Commissioner voiced his support for the installation of sprinklers at the building stage and was currently investigating how he could contribute to campaigns for changes to both legislation and to the attitude adopted by the construction sector.

For more information on these meetings or on the Police, Fire and Crime Panel in general please contact Julie Plant (01785 276135 e mail Julie.plant@staffordshire.gov.uk) or Helen Phillips (01785 276143 or helen.phillips@staffordshire.gov.uk)

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Details of Panel meetings are issued to contact officers in each of the District/Borough Councils in the County and Stoke-on-Trent City Council for posting on their own web sites.

Stephen Sweeney

Staffordshire Police, Fire and Crime Panel Chairman

Staffordshire County Council

NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

EXECUTIVE MANAGEMENT TEAM'S REPORT TO THE HEALTH, WELLBEING & PARTNERSHIPS COMMITTEE

Date: June 2019

1. REPORT TITLE

Submitted by: Sarah Moore, Partnerships Manager

Portfolio: Community Safety and Wellbeing

Ward(s) affected: All

Purpose of the Report

To update the Scrutiny Committee on progress with delivery of the Borough's Safeguarding Workplan 2017 – 20, following a recent internal Audit, which seeks to fulfil the Council's role in safeguarding children and adults at risk of abuse and neglect.

Recommendations

To note the contents of the update report and provide comments, concerns or critique to Officers for further investigation.

Reasons

The Children Acts (1989) and (2004), as amended by the Children and Social Work Act (2017), along with the Care Act (2014) and the Safeguarding Vulnerable Groups Act (2006) place statutory duties on District Councils to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children and adults at risk of abuse and neglect. Everyone who comes into contact with children and families has a role to play.

The statutory guidance '*Working together to safeguard children: a guide to inter agency working to safeguard and promote the welfare of children (2018)*' provides core legislative requirements regarding the expectations of the role of District Councils working alone or in partnership with other organisations.

1. Background

1.1 Safeguarding relates to the action taken to promote the welfare of children and adults at risk of abuse or neglect, in order to protect them from harm. Safeguarding is everyone's responsibility. Local Authorities have a moral and legal obligation to act in the best interests of vulnerable groups and to ensure that all reasonable steps are taken to prevent harm. This not only protects and promotes the welfare of children and adults at risk but also it enhances the confidence of our Members, Officers and the general public.

1.2 The Council's Safeguarding Policy was reviewed and approved in January 2018, it outlines the Council's approach to safeguarding and other types of abuse and vulnerabilities such as domestic abuse, child sexual exploitation (CSE), forced marriage, female genital mutilation (FGM) and honour based violence, modern slavery and human trafficking, hate crime and preventing exploitation for the purposes of extremism and terrorism.

- 1.3 The Policy seeks to recruit, train, support and supervise staff, elected members and volunteers to adopt best practice to safeguard and protect children and adults at risk from abuse, and to also minimise any risks to themselves. It requires staff, elected members and volunteers to adopt and abide by the Council's Safeguarding Policy and Procedures, codes of conduct and associated procedures.
- 1.4 The Policy also commits the Council to respond promptly and effectively to any suspicions or allegations of misconduct or abuse of children or adults at risk, in line with the Staffordshire Safeguarding Children Board (SSCB) inter-agency policies and procedures for safeguarding children and promoting their welfare and the Staffordshire and Stoke on Trent Adult Safeguarding Partnership Adult Safeguarding procedures.
- 1.5 The Council needs to ensure that it has robust mechanisms in place in order to appropriately co-ordinate safeguarding activity in the Borough. The following individuals have been identified to champion safeguarding within our organisation;
- Portfolio Holder of Community Safety and Wellbeing.
 - Chief Executive.
 - Head of Human Resources.
 - Designated Safeguarding Officer - Partnerships Manager.
 - Deputy Designated Safeguarding Officer – Partnerships Vulnerability Officer.
- 1.6 The Council has also identified a number of Officers from each service area, to undertake the roles of 'Safeguarding Champions'. These Officers have received specialist training in this area and are the point of contact for queries in relation to safeguarding in their Department. They will assist the Designated Safeguarding Officer and Deputy to ensure that all staff and members are trained appropriately to recognise safeguarding issues and know where to refer concerns in relation to children and adults at risk of abuse and neglect in our communities.
- 1.7 Since the Policy was approved, there have been a number of developments and changes that have occurred as part of the delivery of the Safeguarding Workplan 2017 – 2020 and recent Internal Audit recommendations and as such this report seeks to provide an update and reassurance to the Committee.

2. **Issues**

- 2.1 An internal Audit regarding the Council's Safeguarding Policy was recently undertaken and reported to the Executive Management Team. The Audit reported that safeguarding work in the Council is 'Adequately Controlled' and stated that while there are some control weaknesses, most key controls are in place and operating effectively. Some assurance can be given that the system, process or activity should achieve its objectives safely whilst achieving value for money.
- 2.2 The audit however made a number of recommendations, which will be considered further in Section 3 below. The recommendations were;
- 2.2.1 A risk profile specific to safeguarding issues should be developed in the Council's risk management system GRACE and be monitored in line with the Council's risk management policy.
- 2.2.2 Consideration should be given to increasing the number of safeguarding champions within the Council to promote the necessary actions required by the workforce when identifying potential cases to be reported.
- 2.2.3 Safeguarding training should be reviewed on a rolling 3 year basis to ensure that it captures all staff and members. Where possible, face to face training should be provided to staff and members in a designated period each year to minimise

disruption. The estimated 90% of members yet to be trained should be identified and provided with relevant training at the earliest opportunity.

- 2.2.4 Heads of Service should be reminded that Service Plans across the Council, (particularly of those services where contact with members of the public is commonplace) should include a reference to tasks/ actions/milestones to be managed in respect of safeguarding issues.
- 2.2.5 Appendix B of the Recruitment, Selection and Induction policy available on the intranet should be updated to reflect the latest review of posts requiring DBS checks.
- 2.2.6 Further promotion of the PREVENT strategy, CSE issues, general safeguarding and modern slavery should be undertaken to raise further awareness of responsibilities and reporting procedures. Consideration should be given to including these issues periodically in team talks, on intranet notices, appraisals etc. A targeted focus on those staff members out and about in the Community should be adopted in order that they are proactive in spreading awareness.
- 2.2.7 Training records held by the Human Resources section should be updated to include training undertaken.

3. Update on Progress with Recommendations from the Audit

- 3.1 The following progress has been made for the recommendations highlighted above in Section 2.2;
 - 3.1.1 A risk profile specific to safeguarding issues has been created and was presented to the Audit and Risk Committee in April 2019. This considers safeguarding in its widest sense across the business of the Council, recognising the impact and consequences of a failure to meet our safeguarding obligations and the steps taken to mitigate any risks identified. While it is difficult for the Council to control the overall risk of safeguarding, the Council can be reassured that it has a number of controls in place to ensure that it is taking its responsibility in safeguarding seriously and enabling it to tolerate the risk. These controls include; a dedicated resource in the Partnerships Team to lead on safeguarding issues across the organisation and deliver training and awareness to staff, members and local partners; there are robust policies in place to support the delivery of safeguarding activity and there are a number of partnerships maintained to support the Council in delivering its safeguarding obligations.
 - 3.1.2 Consideration has been given to increasing the number of safeguarding champions within the Council to promote the necessary actions required by the workforce when identifying potential cases to be reported. EMT agreed that a further Safeguarding Champion was sought and assigned at the Museum, in order to increase knowledge and build available capacity across the business where contact with or awareness of vulnerable individuals is likely. This position has been filled and training is in place.
 - 3.1.3 Safeguarding training continues to be reviewed on a rolling 3 year basis (each quarter) to ensure that all staff and members are reminded to complete the training. Face to face sessions are being delivered for staff without access to a computer and regular reminders are distributed to Managers via the Safeguarding Champions. A face to face Members training session has also been co-ordinated. Access to e-learning continues and the Partnerships Team with support from Human Resources encourage staff and Members to complete their 3 year refresher training. Human Resources have now included the training as a mandatory requirement in the induction process for new starters and we hope to also include this in the appraisal process from next year. EMT are endorsing the training and ensuring compliance within their Directorates.

- 3.1.4 The Partnerships Team are working with colleagues in Business Improvement to encourage Heads of Service to include safeguarding in service planning across the Council, (particularly of those services where contact with members of the public is commonplace).
 - 3.1.5 Human Resources are working to update Appendix B of the Recruitment, Selection and Induction policy, to reflect the latest review of posts requiring DBS checks.
 - 3.1.6 The Partnerships Team are working to further promote a number of wider safeguarding themes such as PREVENT, CSE issues, modern slavery and human trafficking through the creation and co-ordination of a vulnerability working group, which seeks to raise further awareness of responsibilities and reporting procedures. The Team are also keen to adopt a targeted focus on those staff members out and about in the Community to ensure that they can be proactive in spreading awareness and understand the referral process.
 - 3.1.7 Training records held by the Human Resources team are being regularly updated to include training undertaken and progress in reported through to the Safeguarding Champions group and the Executive Management Team (EMT).
- 3.2 The Council's Safeguarding Workplan 2017 – 2020 has been updated and is regularly reviewed by the Safeguarding Champions group. This workplan also takes into account other actions for completion and continual improvement as they are identified.
4. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**
- 4.1 The Safeguarding Policy and delivery of the workplan contributes to meeting the Council's Corporate Priorities for Creating Healthy and Active Communities and Creating a Cleaner, Safer and Sustainable Borough.
5. **Legal and Statutory Implications**
- 5.1 The Council has statutory duties under the Children Act (1989) and (2004), as amended by the Children and Social Work Act (2017), along with the Care Act (2014) and the Safeguarding Vulnerable Groups Act (2006) to make arrangements to ensure that in discharging functions we have regard to the need to safeguard and promote the welfare of children and adults at risk of abuse and neglect.
- 5.2 The statutory guidance '*Working together to safeguard children: a guide to inter agency working to safeguard and promote the welfare of children (2018)*' provides core legislative requirements regarding the expectations of the role of District Councils working alone or in partnership with other organisations. It makes clear that there is an expectation that everyone who comes into contact with children and families has a role to play.
6. **Equality Impact Assessment**
- 6.1 An Equality Impact Assessment is being developed for this area of work.
7. **Financial and Resource Implications**
- 7.1 There are no specific additional financial implications or commitments required for the delivery of the safeguarding workplan.

7.2 There are resource implications (using existing resources) for Council Officers and Members who are involved in and will co-ordinate safeguarding activity, in particular delivering and participating in training on the Policy and accompanying Procedure and making appropriate referrals, signposting and promoting the Policy and safeguarding activity thereafter.

8. **Major Risks**

8.1 Failure to take appropriate action regarding safeguarding may result in the Council being unable to perform its statutory duties, leaving the Council open to legal challenge.

8.2 Failure to take appropriate action regarding safeguarding may lead to a child or adult at risk suffering unnecessary harm.

8.3 There is also a risk of reputational damage to the Council if it does not deliver its statutory duties lawfully and effectively.

9. **Key Decision Information**

9.1 The Council has statutory duties to safeguard, promote wellbeing and protect children and adults at risk of abuse and neglect.

9.2 This report can be considered key in the following ways: -

- It results in the Borough Council committing existing resources for the function to which the decision relates and;
- To be significant in terms of its effects on communities living or working in an area comprising two or more electoral wards in the Borough.

10. **Earlier Cabinet/Committee Resolutions**

10.1 Safeguarding Children and Vulnerable Adults Protection Policy – December 2017

11. **List of Appendices**

11.1 Appendix 1 - Safeguarding Policy 2018 (available on request).

11.2 Appendix 2 – Safeguarding Action Plan – 2017 – 2020 (available on request).

12. **Background Papers**

12.1 None

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Report of the Chief Executive

To the Health, Wellbeing and Partnerships Scrutiny Committee

Wednesday 19 June 2019

WORK PROGRAMME PLANNING 2019/20

1. Members are asked to consider the contents of their Work Programme for 2019/20. To assist, a Work Programme template is attached to this report. The template details those service areas which fall within the purview of this Committee (essentially mirroring the remits of the Cabinet Member for Community Safety & Wellbeing). The template also lists a number of issues identified as potential carry forward agenda items from the former Scrutiny Committee structure.

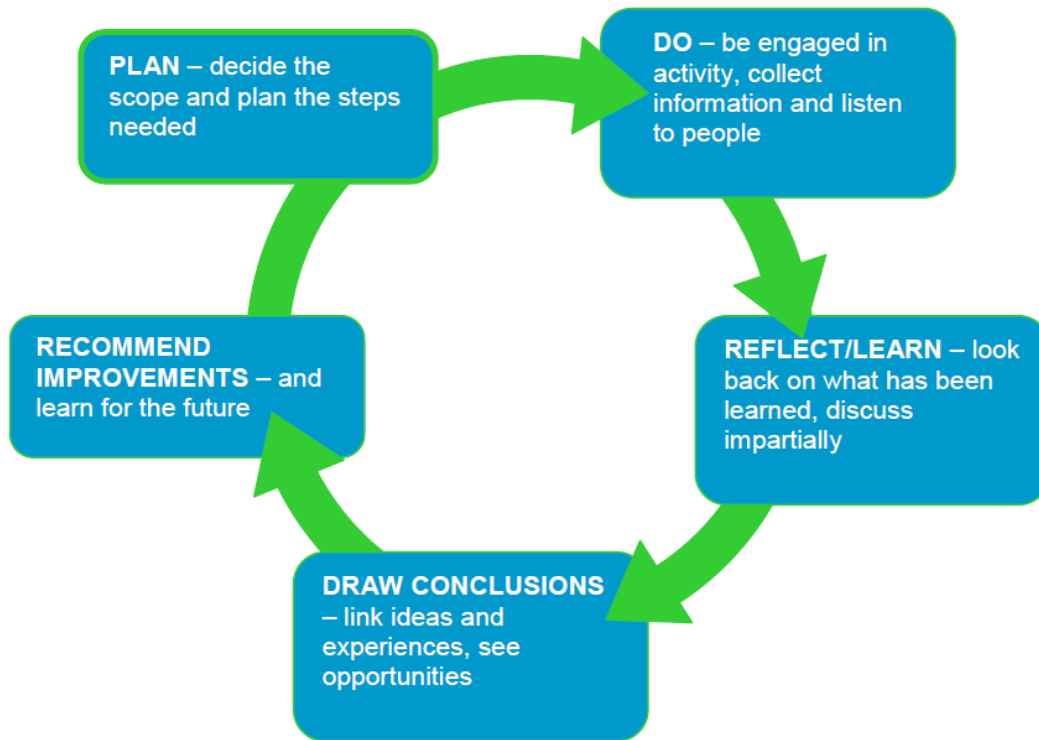
2. Topics for consideration can be generated in a number of ways including requests from Cabinet for support in policy formulation, pre-decision scrutiny of Cabinet reports, items proposed by Committee members/Chair perhaps in response to representations from the public or in response to concerns at the performance of a service. In addition, the call-in of Cabinet decisions is dealt with by the Scrutiny Committee for the service area concerned.

3. When considering suitable areas for scrutiny, matters to consider include:

- Is the topic an identified priority for the Council, a Partner or the local community?
- Does the topic have a weak trend in performance or dissatisfaction?
- Is the topic the subject of external concerns e.g. by Inspectors or Auditors?
- What outcome is sought?
- When would be the most appropriate time to conduct a scrutiny review?
- What resources are available to conduct and support a scrutiny review?

4. Scrutiny can be carried out in a variety of ways – by the full Committee, a Scrutiny Review Working Group, a Task and Finish Group, an Inquiry Day or by an individual member on behalf of the Committee. In order to maintain a manageable workload for members and the support resources, the Terms of Reference detailed elsewhere on this agenda limit the number of scrutiny exercises at any one time to three.

5. I have included a diagram of the process which is suited to all scrutiny reviews whichever format that review takes:



HEALTH, WELLBEING AND PARTNERSHIPS SCRUTINY COMMITTEE

Work Programme 2019/20

Chair: Councillor Ian Wilkes

Vice-Chair: Councillor Julie Cooper

Members: Burgess, John Cooper, Gardner, Kearon, Moffat, Maxfield, Owen, Panter, Wright

Portfolio Holders covering the Committee's remit:

Councillor Jill Waring - Cabinet Member – Community Safety and Well Being

Councillor Mark Holland - Cabinet Member - Leisure and Culture



The following services fall within the remit of this Scrutiny Committee:

Health and Wellbeing	Leisure Facilities (Leisure Centers etc.)
Anti-Social Behavior	Museum and Art Gallery
CCTV	Community Recreation
Homelessness	Community Centers
Civil Contingencies / Emergency Planning	Parks and Gardens – Recreation and Leisure
Community Safety(inch Police and Crime Panel and Safer and Stronger Board (Crime and Disorder Reduction Partnership)	Britain in Bloom
Domestic Violence Reduction	
Business Crime Reduction	

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The core Work Programme is determined at the beginning of the municipal year. Issues can be added throughout the year with the Chair's approval or where a new priority area comes to the Committee's attention.

For more information on the Committee or its work Programme please contact Jayne Briscoe on 01782 742250 or at jayne.briscoe@newcastle-staffs.gov.uk

DATE OF MEETING	ITEM	BACKGROUND/OBJECTIVES
Monday 10 th September 2018	Newcastle Town Centre	To consider the Councils responsibilities, strategies, initiatives and involvement with partner agencies and including: <ul style="list-style-type: none"> • The Purple Flag Scheme • Update on the Review of the Public Space Protection Order (PSPO) • 'Make in Count' Scheme • Homelessness
	Emergency Planning	Scrutiny of the Boroughs preparations for the impact of Winter on the Provision of, and demand for, services. NB The remit for this Committee includes Civil Contingencies/Emergency Planning.
	Britain in Bloom	Evaluation report on the Boroughs involvement and participation in the 2018 Scheme.
	Update on Mental Health Challenge	
	Work Programme	To discuss the work programme and progress of scrutiny activity and to consider any amendment/additions to the Programme.
Monday 3 rd December 2018	Leisure Provision	<ul style="list-style-type: none"> • Community Recreation and Leisure Strategy • Evaluation of impact and effectiveness of Educational Programmes

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		<ul style="list-style-type: none"> Kidsgrove Sports Centre – Community Group Business Plan
	SPACE Scheme	Evaluation report on effectiveness of 2018 Scheme.
	Parkinsons Disease Feedback	Support and advice service for people with diabetes and Parkinsons Disease. From Councillors Panter and Maxfield on their review.
	Work Programme	To discuss the work programme and progress of scrutiny activity and to consider any amendment/additions to the Programme.
	CCTV Report on options to enhance the current CCTV provision within the Borough	
	Britain in Bloom (from 10 th September meeting)	Evaluation report on the Borough's involvement and participation in the 2018 scheme
Monday 4 th March 2019	Consultation on the Future of Local Health Services in Northern Staffordshire	NSCCG invited to attend
	Work being done to address the issue of monkey dust	
	Opportunities for adult learning at Brampton Museum	
	Feedback to officers on the Active Lives surveys	
Wednesday 19 th June 2019	Safeguarding	
	Work Programme	Review of the Impact of the Committee's Work. To discuss the work programme and potential topics that

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		Committee members would like to scrutinise over the forthcoming year.
Monday 9 th September 2019		
Monday 2 nd December 2019		
<p>Suggestions for potential future items:</p> <ol style="list-style-type: none"> 1. Feedback/Monitoring reports from bodies on which the Borough Council has member representation: <ul style="list-style-type: none"> • Healthy Staffordshire Select Committee -District and Borough Digest – summary of work of Committee • Staffordshire Police and Crime Panel – summary of Panel discussions 2. Review of SPACE provision 3. NHS Provision in North Staffordshire (consultation exercise anticipated in Autumn 2018) 4. Mental Health Challenge 5. Dementia 6. Safeguarding 7. Child Sexual Exploitation (CSE) 8. Domestic Violence 9. Counter Terrorism 10. Purple Flag 		

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